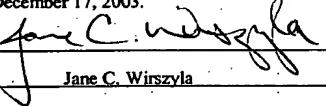


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 19603/10303 (CRF D-1043A)																							
<b>CERTIFICATE OF MAILING</b> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 17, 2003.																									
Signature:  Name: Jane C. Wirszyla																									
In re Application of Gonsalves et al.																									
Application Number 09/426,783 Filed October 22, 1999																									
For TOSPOVIRUS RESISTANCE IN PLANTS																									
Group Art Unit 1638 Examiner A. Mehta																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$210/\$420)</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$475/\$950)</td><td>\$950.00</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$740/\$1480)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1005/\$2010)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Applicant claims small entity status.</td><td></td></tr><tr><td><input checked="" type="checkbox"/> A check to cover the fee is enclosed.</td><td></td></tr><tr><td><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</td><td></td></tr><tr><td><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</td><td></td></tr><tr><td><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number <u>14-1138</u>. I have enclosed a duplicate copy of this sheet.</td><td></td></tr></tbody></table> <p>I am the <input type="checkbox"/> applicant/inventor</p> <table><tbody><tr><td><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</td></tr><tr><td><input type="checkbox"/> attorney or agent of record.</td></tr><tr><td><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>40.087</u>.</td></tr></tbody></table> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>Date: <u>December 17, 2003</u></p> <p>Signature: </p> <p>Typed or printed name: <u>Edwin V. Merkel</u></p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of 1 form is submitted.</p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$210/\$420)	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$475/\$950)	\$950.00	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$740/\$1480)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1005/\$2010)	\$ _____	<input type="checkbox"/> Applicant claims small entity status.		<input checked="" type="checkbox"/> A check to cover the fee is enclosed.		<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number <u>14-1138</u> . I have enclosed a duplicate copy of this sheet.		<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	<input type="checkbox"/> attorney or agent of record.	<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>40.087</u> .
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